



INSURE KIDS NOW!

(FAX-IN Pledge FORM)

“Connecting Families to Health Insurance”

 Yes! We want to be a part of INSURE KIDS NOW!

By faxing in this completed pledge form, my Head Start site will become a part of INSURE KIDS NOW and commit or *recommit* to taking at least one of these steps to help enroll children in health insurance:

- We will contact our state and/or regional CHIP/Medicaid outreach coordinator(s) for application forms and other assistance.
- We will distribute information to families about children's health insurance programs.
- We will ask parents during registration if their children have health insurance, and if not, we will help them get enrolled.
- We will share our best practices to help other programs get involved.
- Other _____

Head Start Name _____
Contact Person _____
Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____ E-mail _____

Please CIRCLE whether you are a Grantee/Delegate or a Center/Site.

Program Type: Head Start Early Head Start Migrant Head Start Tribal Head Start

Grantee Number: _____ - _____ Number of children served _____

**FAX this form to
(202) 737-1151
today, so we can
recognize your
INSURE
KIDS NOW!
participation.**

CALL **1-877-KIDS-NOW** FOR MORE INFORMATION OR VISIT: <http://www2.acf.dhhs.gov/programs/hsb>.